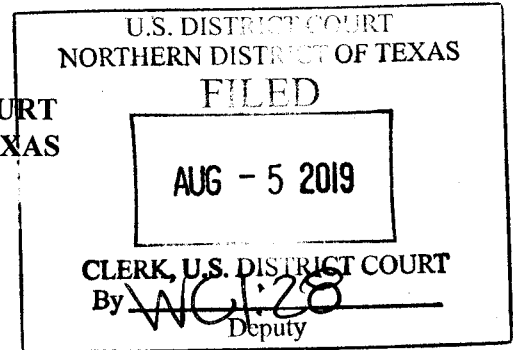


PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS



Antwone Jones # 0936965
Plaintiff's Name and ID Number

Tarrant County Jail
Place of Confinement

CASE NO. **4-19CV-608-0**
(Clerk will assign the number)

v.

TPS 2011 Prospect ave Ft. Worth TX
Defendant's Name and Address 76164

Tarrant County Jail 100 N. Lamar Ft. Worth TX
Defendant's Name and Address 76196

Defendant's Name and Address
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND IN FORMA PAUPERIS (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

- A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? YES NO
- B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
 1. Approximate date of filing lawsuit: 6-2017
 2. Parties to previous lawsuit:

Plaintiff(s) Antwone Jones

Defendant(s) University of Texas Medical Branch
 3. Court: (If federal, name the district; if state, name the county.) Walker County, TX
 4. Cause number: _____
 5. Name of judge to whom case was assigned: _____
 6. Disposition: (Was the case dismissed, appealed, still pending?) dismissed
 7. Approximate date of disposition: 8-2017

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution?

☒ YES ☐ NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Antwan Jones 100 N. Lamar

Ft. Worth TX 76196

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: TJPS medical staff for the Green Bay Correctional facility at Tarrant County Jail 2500 Urban Ft. Worth TX 76106

100 N Lamar Ft. Worth TX 76196
Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Medical staff denied me blood pressure medication and treatment for arthritis

Defendant #2: Tarrant County Jail 100 N. Lamar Ft. Worth TX 76196

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Correction personnel did not follow disciplinary procedure before stopping my medication

Defendant #3: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

④ the provider has stopped my medication on the grounds of a medical personnel reported me hoarding medication which is not true. There are three other inmates with the same last name as me in my cell that also take medication and I believe it was with one of them that the incident occurred. I've also been denied blood pressure medication

⑤ Tarrant county has not followed proper procedure, I have not received a disciplinary infraction report or claim for the incident nor a chance to plead my case before my medication was stopped

VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Financial compensation for pain and suffering

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Eric Mcclay, Charish Henderson

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

TDCJ-CID 1923905, 2075673

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ___ YES ___ ☒ NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): _____


2. Case number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? ___ YES ___ NO

- C. Has any court ever warned or notified you that sanctions could be imposed? _____ YES ☒ NO
- D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued. (If more than one, use another piece of paper and answer the same questions.)
1. Court that issued warning (if federal, give the district and division): _____
 2. Case number: _____
 3. Approximate date warning was issued: _____

Executed on: 7-29-19
DATE

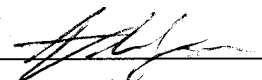


Antwan Jones
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 29 day of July, 20 19.
(Day) (month) (year)



Antwan Jones
(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS

Antwone Jones
Plaintiff

v.

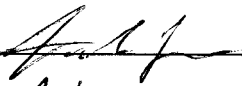
Civil Action No. _____

JPS / Tarrant County Jail
Defendant

COMPLAINT

① The JPS medical staff of the Tarrant County Green Bay Correctional facility of Tarrant County Jail has denied me my blood pressure medication and denied me treatment for my chronic arthritis. ② Tarrant County Correction personnel did not follow disciplinary procedure to address these issues of being denied my medication

* Attach additional pages as needed.

Date 7-29-19
Signature 
Print Name Antwone Jones
Address 100 N. Lamar
City, State, Zip Ft Worth TX 76196
Telephone _____

I have been informed by ranking officers, via Lieutenants, Sergeants, and Captain that there is no way to obtain a computerized copy of a Grievance that has been filed on a telmate tablet but someone can pull them up on public records on the official website. So he is a written copy of the following Grievance, # 054877333 and Grievance # 050604743

Grievance # 054877333

Telmate electronic Grievance copy

July 09, 2019 19:50

From: Antwone Jones

Summary of Grievance: The provider is denied me my medication

July 10, 2019 08:04

From: Facility Staff

: Your Grievance has been received in our office for investigation, you will receive a response within 60 days

July 17, 2019 11:16

From: Facility Staff

: Mr. Jones, per medical personnel, the issue of hoarding medication was brought to the attention of the medical staff by a pod officer. This is a security issue and a medical compliance issue. The medication in question is an Over The Counter (OTC) pain reliever, rather than a life-sustaining medication.

July 17, 2019 13:38

Appeal response from: Antwone Jones

I never received any security complaint paper work.. There are three people with the name Jones in this Pod. Unless there is a complete report on the incident I don't see why my medication would be discontinued

Grievance # 050604743

Telmate electronic Grievance copy

June 03, 2019 10:29

From: Antwan Jones

Summary of Grievance: Denied blood pressure medicine

June 04, 2019 08:06

From: Facility Staff

: Your grievance has been received in our office for investigation. You will receive a grievance response within 60 days.

June 04, 2019 08:15

From: Facility Staff

: Mr. Jones, refer to the inmate handbook page 9. It is the inmate's responsibility to make "Medication Call". If you miss the medication call, your medication will not be offered to you later. If you miss two medication calls, your medication may be stopped. You may submit a request via telmate to medical to address your concern.

June 04, 2019 10:52

Appeal response from Antwan Jones

I never received a hand book. But it is against the 8th amendment referring to prisoners rights that if my medication is detrimental to my health, (life saving medicine) than the only way it wouldn't be offered to me if I sign a refusal



United States District Court
501 West 10th Street, Room 316
Fort Worth, TX 76102-3673

Anthone Jones #0936965
100 N. Lamar
Fort. Worth TX. 76196

